

**BRICK, BRICK AND ELMER, P. C.**  
**ATTORNEYS AND COUNSELLORS AT LAW**  
 91 TREMONT STREET  
 P. O. BOX 604

DANIEL EVANS BRICK  
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NORTH TONAWANDA, NEW YORK 14120-0604  
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 BRICKELMER@AOL.COM

ANTHONY W. BRICK, JR.  
 (1908-1991)  
 THOMAS R. ELMER  
 (1945-2004)

December 2, 2010

Paul R. Warren, Clerk of Court  
 United States Bankruptcy Court, WDNY  
 Olympic Towers  
 300 Pearl Street, Suite 250  
 2<sup>nd</sup> Floor  
 Buffalo, NY 14202

RE: Siddall, Jody R./Case No.: 09-11464 MJK  
 Request to Deposit Unclaimed Funds into the United States Treasury

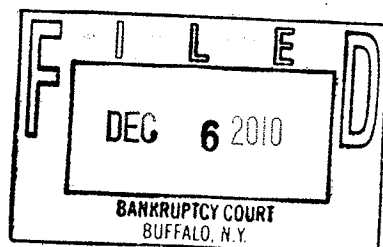
Dear Clerk of Court:

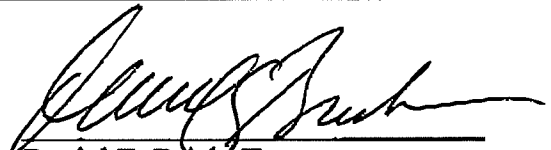
Enclosed please find my Trustee's check in the amount of \$5.90. I request that the Clerk of Court deposit said funds, in the name of the creditors and in the amounts listed below, with the U.S. Treasury as "unclaimed funds."

\_\_\_\_\_ I have made a diligent effort to locate the claimant(s) for said funds and have been unable to locate the claimant(s), or

  X   The funds represent dividend payment(s) of less than \$5.00 to the affected creditor and are required to be treated as unclaimed funds by Bankruptcy Rule 3010(a).

<b>Claimant</b>	Marian Ryndak-Pilecki, DDS c/o Hogan Willig	<b>Amount</b>	\$3.05	<b>Claims Register #</b>	2
<b>Claimant</b>	Mark Varallo, MD c/o Hogan Willig	<b>Amount</b>	\$2.85	<b>Claims Register #</b>	3



  
 Daniel E. Brick, Trustee

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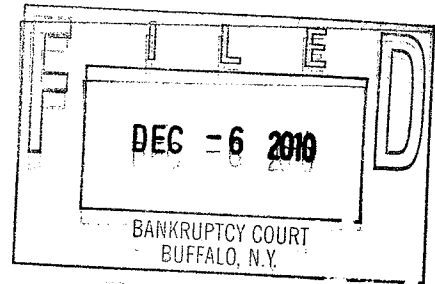
**ANTHONY W. BRICK, JR.**  
**(1909-1991)**

**THOMAS R. ELMER**  
**(1945-2004)**

December 2, 2010

MARK VARALLO MD  
c/o Hogan Willig  
One John James Audubon Pkwy  
Amherst, NY 14228-1169

Re: SIDDALL, JODY R.  
Case No.: 09-11464 MJK



Ladies and Gentlemen:

Enclosed please find a check in the amount of \$2.85 representing approximately 2.72% of your claim in the above listed bankruptcy case.

Thank you for your consideration.

Very truly yours,

BRICK, BRICK & ELMER, P.C.

Daniel E. Brick  
Trustee

DEB:tac  
Enclosure

<b>UNITED STATES BANKRUPTCY COURT Western District of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Jody R. Siddall		Case Number: 1-09-11464-MJK
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>MARK VARALLO MD</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: <b># 3</b> (if known)  Filed on: _____
Name and address where notices should be sent: Hogan & Willig, PLLC One John James Audubon Pkwy- Suite 210 Amherst, NY 14228-1145  Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above):  Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$ 105,10</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
2. Basis for Claim: <u>Services rendered</u> (See instruction #2 on reverse side.)  3. Last four digits of any number by which creditor identifies debtor: <u>239317</u>  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		Amount entitled to priority:  \$ _____
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate: _____ %  Amount of arrearage and other charges as of time case filed included in secured claim,  If any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		FOR COURT USE ONLY
Date: <u>6/29/09</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>DIANE K. TIVELON, ESQ.</u>		_____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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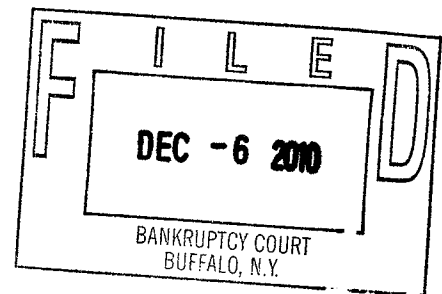
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**(1909-1991)**

**THOMAS R. ELMER**  
**(1945-2004)**

December 2, 2010

Marian Ryndak-Pilecki, DDS  
c/o Hogan Willig  
One John James Audubon Parkway  
Amherst, NY 14228-

Re: SIDDALL, JODY R.  
Case No.: 09-11464 MJK



Ladies and Gentlemen:

Enclosed please find a check in the amount of \$3.05 representing approximately 2.72% of your claim in the above listed bankruptcy case.

Thank you for your consideration.

Very truly yours,

BRICK, BRICK & ELMER, P.C.

Daniel E. Brick  
Trustee

DEB:tac  
Enclosure

<b>UNITED STATES BANKRUPTCY COURT Western District of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: Jody R. Siddall		Case Number: 1-09-11464-MJK
<p style="text-align: center;"><i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i></p>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>MARIAN C. RYNDAK-PILECKI DDS</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Hogan & Willig, PLLC One John James Audubon Pkwy- Suite 210 Amherst, NY 14228-1145		Court Claim Number: <u>#2</u> (if known)
Telephone number: _____		Filed on: _____
Name and address where payment should be sent (if different from above): _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number: _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$ 112,500</u>  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.
2. Basis for Claim: <u>SERVICES RENDERED</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>286255</u>  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____ Annual Interest Rate: _____ %  Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).  <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).  <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		Amount entitled to priority: \$ _____
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain: _____		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: <u>6/29/09</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>DIANE R. TIVERON ESQ.</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.